

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 70 Primary Registration District No. 4124 Registrar's No. 71 **63-047382**

FILED DEC 17 1963

1. PLACE OF DEATH

a. COUNTY

Clark

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Kahoka

Length of stay in 1b

2 wks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Mitchells Rest Home

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE

Mo

b. COUNTY

Clark

c. CITY OR TOWN

Kahoka

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

173 E. Elm

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last  
Grace BALL Russell

4. DATE OF DEATH  
Month Day Year  
Dec. 3 - 1963

5. SEX

female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/6/1875

9. AGE (last birthday)

87

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeping

10b. KIND OF BUSINESS OR INDUSTRY

Self-employed

11. BIRTHPLACE (City and state or country)

Luray Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charles E. Ball

13b. MOTHER'S MAIDEN NAME

Elizabeth Price

14. NAME OF HUSBAND OR WIFE

Smith E. Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

U

17. INFORMANT

Mrs. Louise Gardner-Kahoka Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

2 hrs

DUE TO (b)

Cerebral embolism

2 mks

DUE TO (c)

Arteriosclerosis

1 hr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-17-62 to 12-2-63 and last saw her alive on 12-2-63  
Death occurred at 12-2-63 12-2-63 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Kahoka Mo

22c. DATE SIGNED

12-12-63

23a. BURIAL CREMATION REMOVAL (Specify)

Burial

23b. DATE

Dec. 6 - 1963

23c. NAME OF CEMETERY OR CREMATORY

Kahoka Cemetery

23d. LOCATION (City, town, or county)

Kahoka

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

Clark Lutting - Kahoka Mo

25. DATE RECD. BY LOCAL REG.

Dec 14 - 63

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Robert D. Maharg*

Licensed Embalmer No. 4348

P. O. Address

*Jamestown Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.